

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 26, 2012

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of North Star Express, 5700 North 33<sup>rd</sup> Street requesting a class D liquor license.

This location was previously known as Big Red 66 which held a liquor license

Marc Hausmann, owner has requested that he be approved as the manager of the liquor license.


Background information on the applicant is as follows:

Marc Hausmann was born in Lincoln, Nebraska. He attended Lincoln High School graduating in 1993.

Mr. Hausmann has been self-employed since 2000.

The required training will need to be completed.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



# PREMISE INFORMATION

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Trade Name (doing business as) NorthStar Express

OCT 9 2012

Street Address #1 5700 N. 33rd Street

NEBRASKA LIQUOR  
CONTROL COMMISSION

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68504

Premise Telephone number (402) 488-0442

or Cell: 402-770-6908

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name HH Investments, LLC

Street Address #1 201 N. 8th Street, Ste 206

Street Address #2 \_\_\_\_\_

City Lincoln

State NE

Zip Code 68508

## DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

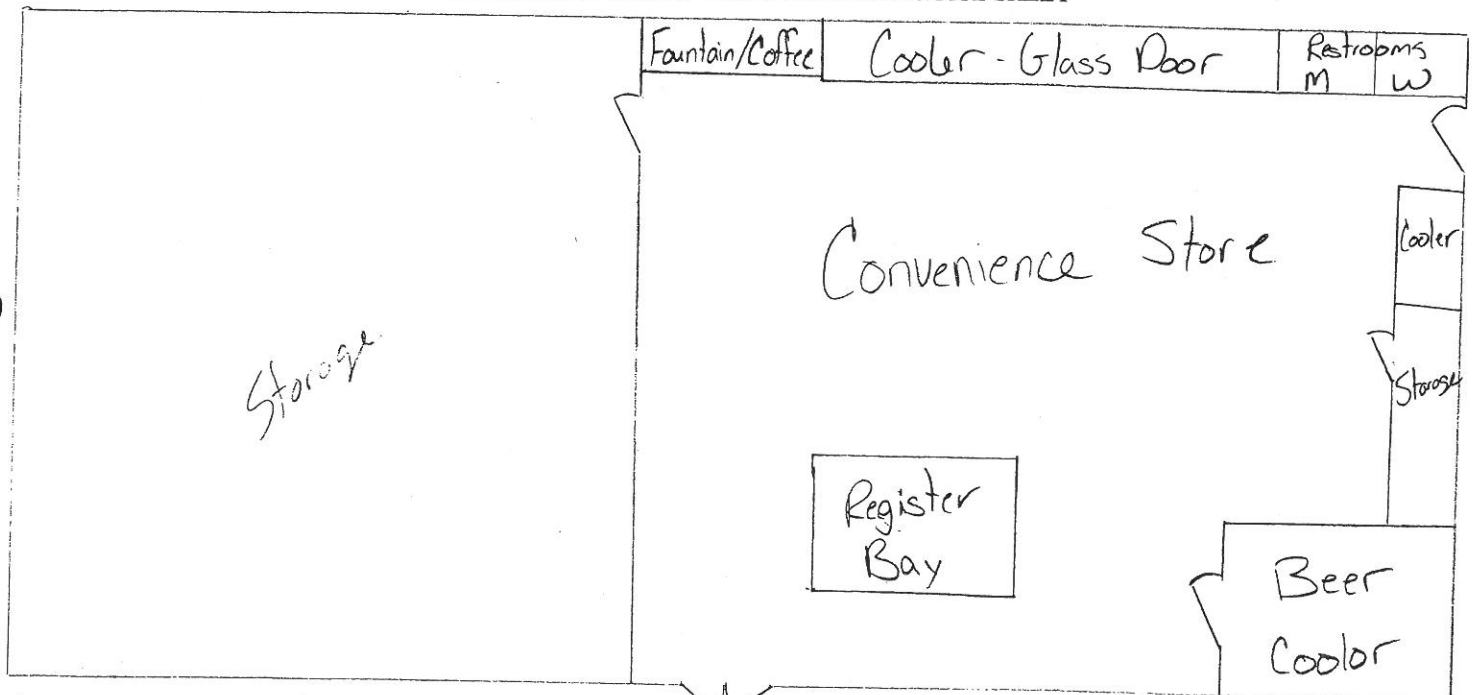
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 120' feet

Width 60' feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



← North

One story bldg approx 60' x 120'

# **APPLICANT INFORMATION**

## 1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Jennifer Hausmann	06/1995	Lincoln, NE	Display Fict Lic / State ID	Fined \$100.00

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

## 2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

- Submit a copy of the sales agreement
- Include a list of alcohol being purchased, list the name brand, container size and how many
- Submit a list of the furniture, fixtures and equipment

## 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number Big Red 66 Expired License number unavailable

## 4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- Attach temporary operating permit (T.O.P.) (form 125)
- T.O.P. will only be accepted at a location that currently holds a valid liquor license.

## 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

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Manager's information must be completed below PLEASE PRINT CLEARLY OCT 9 2012

Gender: ☒ MALE ☐ FEMALELast Name: Hausmann First Name: Marc MI: DHome Address (include PO Box if applicable): 3900 W. Buckthorn RdCity: Lincoln County: Lancaster Zip Code: 68523Home Phone Number: 402-328-0694 Business Phone Number: 402-261-3984

Social Security Number: \_\_\_\_\_ Drivers License Number &amp; State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES☐ NO

Spouse's information

Spouses Last Name: Hausmann First Name: Jennifer MI: L

Social Security Numl \_\_\_\_\_ Drivers License Number &amp; State \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

APPLICANT &amp; SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2002	Current	Lincoln, NE	2002	Current

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002 Current	Premier Logistics, Inc	Owner	(402) 770-6908
2011 Current	Hausmann Realty, LLC	Owner	(402) 770-6908

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one person, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

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OCT 9 2012

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	NEBRASKA LIQUOR CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO  
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)  
☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

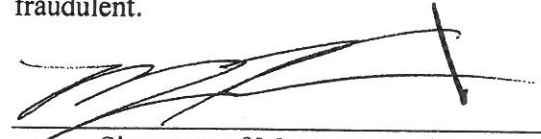
Needs training

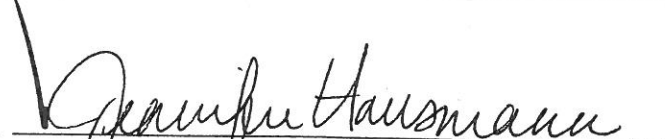
**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

  
Signature of Spouse

**ACKNOWLEDGEMENT**

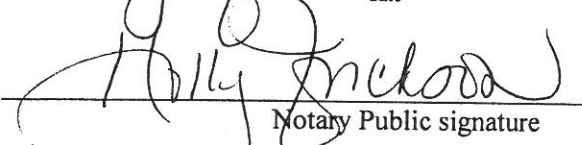
State of Nebraska

County of LANCASTER

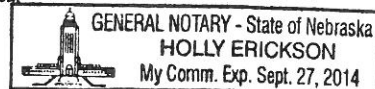
9th day of October, 2012 by JENNIFER L. HAUSMANN + MARC D. HAUSMAN  
date

The foregoing instrument was acknowledged before me this

name of person acknowledged

  
Notary Public signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Form 103  
Rev 11/2012  
Page 5 of 5



WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
MAY 14 1998  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

128 -- 75

CHILD - NAME		FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH, DAY, YEAR)	HOUR
1. SEX		2. DATE OF BIRTH (MONTH, DAY, YEAR)			3. HOUR	
3. Male		4. Hausmann			5. 1:02 P.	
CITY, TOWN, OR LOCATION OF BIRTH		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)			COUNTY OF BIRTH	
5b. Lincoln, Nebr.		5c. Bryan Memorial Hospital			5d. Lancaster	
MOTHER - MAIDEN NAME		HOSPITAL - NAME			IF NOT IN HOSPITAL, GIVE STREET AND NUMBER	
6. Karen Kay Hausmann		7. Bryan Memorial Hospital				
RESIDENCE - STATE		CITY, TOWN, OR LOCATION, zip code			STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
7a. Nebraska		7b. Lincoln 68522			8. Beatrice, Nebr.	
FATHER - NAME		CITY, TOWN, OR LOCATION, zip code			STREET AND NUMBER	
9. Jerry Joe Hausmann		9a. Lincoln 68522			9b. 1328 W. Harbour Blvd.	
INFORMANT - NAME OR SIGNATURE		AGE (AT TIME OF THIS BIRTH)			STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	
10. Karen Kay Hausmann		10a. 23			10b. Gregory, So. Dakota	
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		DATE SIGNED (MONTH, DAY, YEAR)			ATTENDANT - M.D., D.O., OTHER (SPECIFY)	
11a. SIGNATURE <i>Samuel T. Thierstein</i>		11b. 2-21-75			11c. M.D.	
CERTIFIER - NAME (TYPE OR PRINT)		MAKING ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
12a. Samuel T. Thierstein, M.D.		12b. 600 No. Cotner, Lincoln, Nebr.				
REGISTRAR - SIGNATURE <i>Ed Thierstein</i>		DATE RECEIVED BY LOCAL REGISTRAR			MONTH DAY YEAR	
13a.		13b.			MAR 3 1975	

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CONTROL COMMISSION

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DATE OF ISSUANCE  
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LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

126—

75

CHILD—NAME 1. Jennifer Lea Buhrmann			DATE OF BIRTH (MONTH, DAY, YEAR) 2. 11/21/75		HOUR 3. 9:55 A.M.
SEX 4. Female	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 5. Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 6. First		COUNTY OF BIRTH 7. Lancaster
CITY, TOWN, OR LOCATION OF BIRTH 8. Lincoln, Nebraska		INSIDE CITY LIMITS (SPECIFY YES OR NO) 9. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 10. St. Elizabeth Community Health Center		
MOTHER—MAIDEN NAME 11. Micki Jo Kenaston			AGE (AT TIME OF THIS BIRTH) 12. 18	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 13. Nebraska	
RESIDENCE—STATE 14. Nebraska	COUNTY 15. Lancaster	CITY, TOWN, OR LOCATION, zip code 16. Martell 68404	INSIDE CITY LIMITS (SPECIFY YES OR NO) 17. No	STREET AND NUMBER 18. R.R. #1	
FATHER—NAME 19. Mark Lee Buhrmann			AGE (AT TIME OF THIS BIRTH) 20. 19	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 21. Nebraska	
INFORMANT—NAME OR SIGNATURE 22. Mr. and Mrs. Mark Buhrmann			RELATION TO CHILD 23. Parents		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 24. 11/21/75	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 25. M.D.	
10a. SIGNATURE CERTIFIER—NAME 26. L.J. Hanigan, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 27. 5640 South St., Lincoln, Nebraska		
REGISTRAR—SIGNATURE 28. [Signature]			DATE RECEIVED BY LOCAL REGISTRAR 29. NOV 28 1975		

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OCT 18 2012

NEBRASKA LIQUOR  
CONTROL COMMISSION



APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Marc Hausmann

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

HH Investments, LLC #10105033

LLC Address: 201 N. 8th Suite 206

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number (402) 770-6908 LLC Fax Number (402) 328-0695

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Hausmann First Name: Marc MI: D

Home Address: 3900 W. Buckthorn Rd City: Lincoln

State: NE Zip Code: 68523 Home Phone Number: (402) 328-0694

[Signature]  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

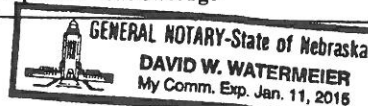
The foregoing instrument was acknowledged before me this

by Marc Hausmann  
name of person acknowledge

Date

10/8/2012

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Hausmann First Name: Marc MI: D Prints  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): Jennifer Lea Hausmann Prints  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 50%

Last Name: Kozak First Name: Brian MI: P Prints  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): N/A  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership 50%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Spouse Full Name (indicate N/A if single): \_\_\_\_\_  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Percentage of member ownership \_\_\_\_\_

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CONTROL COMMISSION